TRA	NSMITTA	Docket No. 16987										
In Re Application Of: Hitoshi Suzuki, et al.												
Application No.		Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.						
10/650,615		August 28, 2003	Dilek B. Cobanoglu	23389	3626	8928						
Title:	HOSPITAL	INFORMATION SY	'STEM									
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450												
	37 CFR 1.97(b)											
1. 🛚	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.											
	37 CFR 1.97(c)											
2.	The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:											
★ the statement specified in 37 CFR 1.97(e);												
OR												
☐ the fee set forth in 37 CFR 1.17(p).												

TRANSMITT	AL OF INFORMA (Under 37 CF)	Docket No. 16987									
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Application No.	Filing Date	Examiner		Customer No.	Group Art Unit	Confirmation No.					
10/650,615	August 28, 2003	Dilek B. Cobanoglu		23389	3629	8928					
Title: HOSPITAL	. INFORMATION SY										
	(Only cor	Paymer mplete if Applicant elects	nt of Fee to pay the fe	ee set forth in 37	CFR 1.17(p))						
 □ A check in the amount of is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 191013 as described below. □ Charge the amount of □ Credit any overpayment. ☑ Charge any additional fee required. □ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail 											
I certify that this account is bein Patent and Trad (Date)	Signature Signature Signature Signature	tion to charge deposit to the United States	I hereby cowith the Uras first "Commissis 22313-1450	ertify that this connited States Posta class mail in oner for Patents, I 0" [37 CFR 1.8(a)] (Date)	respondence is belial Service with suffice an envelope ace P.O. Box 1450 Ale on a son Mailing Correspondence of Person Mailing Ce	ng deposited cient postage deressed to exandria, VA					
cc:											